

**Abstract 627**

**TITLE:** Evaluation of Perinatal Infectious Disease Prevention Practices: An Integrated Approach, Connecticut, 1996-1997

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**ISSUE:** Current prenatal care standards of practice recommend testing pregnant women for a variety of infectious diseases including syphilis, hepatitis B (HBV), rubella, group B streptococcus (GBS), and HIV. State health department staff responsible for monitoring these diseases has traditionally been organized into separate programs funded by distinct federal grants.

**SETTING:** Connecticut

**PROJECT:** The Connecticut Department of Public Health formed a Perinatal Infectious Disease Prevention Program using combined funding from HIV/AIDS Surveillance, Immunizations, and Emerging Infections (EIP) grants. The goal of the program is to evaluate prenatal, obstetric, and pediatric care provider adherence to established guidelines for prevention of a variety of infectious diseases. One FTE is funded by Immunizations, one is funded by EIP, and two additional FTEs have been maintained using partial funding from two or three grants.

**RESULTS:** Several on-going projects have been undertaken by the Program including: case management of HBV-infected pregnant women, investigating preventability of HIV transmission among children exposed to HIV at birth, and investigating preventability of early-onset GBS cases. Special studies, including evaluations of prenatal care provider policies and prenatal testing rates, were also conducted using a survey of licensed obstetricians and an audit of prenatal and obstetric medical records. Questions about syphilis, HBV, rubella, GBS, and HIV were included on both data collection instruments. Results of these studies confirmed that prevention guidelines were being followed or identified discrepancies. For example, while over 95% of pregnant women delivering in 1996 were found to be tested for HBV, syphilis and rubella, only 29% were tested for HIV. Dissemination of findings and recommendations was also accomplished more efficiently by mailings and presentations to prenatal care providers and hospital staff.

**LESSONS LEARNED:** Assessment of provider practices is laborious and costly, and can be conducted more efficiently through an integrated program combining resources of several health department programs.

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